

PRIMARY INSTRUCTOR ACTIVITY REPORT

Indiana Certification Number	Continuing Education Reporting Date (month, day, year)	
Printed Name	(Last)	(First) (MI)
Home Address		
City	State	Zip Code
Home Telephone		Work Telephone
Driver's License or State Identification Number _____		

EMS REGISTRANT SIGNATURE

I, the undersigned Primary Instructor, hereby affirm, under the penalties of perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates and other required documents for verification. I understand that false statements or documents may be sufficient cause for revocation by the State of Indiana Emergency Medical Services Commission. I also understand that the State of Indiana Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.

<p>Have you been charged or convicted of a crime other than minor traffic violations?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
Signature of Primary Instructor	Date signed (<i>month, day, year</i>)
Name of training institution official (<i>print</i>)	Name of affiliated training institution
Signature of Approval (<i>Training Institution Official, original signature only.</i>)	Date Signed (<i>month, day, year</i>)

**INSTRUCTOR CONTINUING EDUCATION
ADULT EDUCATION TECHNIQUES**

DATE	TOPIC	HOURS
(12 Minimum) TOTAL HOURS		

TEACHING HOURS

List below the course numbers or in-service information,
totaling a minimum of 80 hours taught.

[illegible]